



MAINE DEPARTMENT OF AGRICULTURE,
FOOD & RURAL RESOURCES
Board of Pesticides Control
Application Form
Maine Pesticide Notification
Registry for 2003

Return to:

BOARD OF PESTICIDES CONTROL
Deering Bldg., AMHI
28 State House Station
Augusta, Maine 04333-0028

Please complete one application for each street address to be listed on the Registry. Applications must be renewed each year. Type or print the requested information. Then mail the completed application with a \$20.00 check (per application) made payable to *Treasurer State of Maine* to the above address.

| | | |
|------------------|---|---|
| Name(s): | <input checked="" type="checkbox"/> Check one phone number below as primary contact | |
| | <input type="checkbox"/> Daytime Phone: | <input type="checkbox"/> Evening Phone: |
| Mailing Address: | Street Address to be Listed on Registry: | |

Owners/Lessees and street addresses of all properties within 250 feet of boundary of the street address to be listed on the registry

| | | | |
|---|-----------------|----|-----------------|
| 1 | Name(s): | 2 | Name(s): |
| | Street Address: | | Street Address: |
| 3 | Name(s): | 4 | Name(s): |
| | Street Address: | | Street Address: |
| 5 | Name(s): | 6 | Name(s): |
| | Street Address: | | Street Address: |
| 7 | Name(s): | 8 | Name(s): |
| | Street Address: | | Street Address: |
| 9 | Name(s): | 10 | Name(s): |
| | Street Address: | | Street Address: |

Additional Room on the Back.

FOR OFFICE USE ONLY:

Date Received: _____ Date Entered: _____

Check #: _____ Date: _____ Amount: \$ _____

| | | | |
|----|-----------------|----|-----------------|
| 11 | Name(s): | 12 | Name(s): |
| | Street Address: | | Street Address: |
| 13 | Name(s): | 14 | Name(s): |
| | Street Address: | | Street Address: |
| 15 | Name(s): | 16 | Name(s): |
| | Street Address: | | Street Address: |
| 17 | Name(s): | 18 | Name(s): |
| | Street Address: | | Street Address: |
| 19 | Name(s): | 20 | Name(s): |
| | Street Address: | | Street Address: |
| 21 | Name(s): | 22 | Name(s): |
| | Street Address: | | Street Address: |
| 23 | Name(s): | 24 | Name(s): |
| | Street Address: | | Street Address: |
| 25 | Name(s): | 26 | Name(s): |
| | Street Address: | | Street Address: |
| 27 | Name(s): | 28 | Name(s): |
| | Street Address: | | Street Address: |

Please attach additional sheets as necessary.